## **VIRGINIA BOARD OF BAR EXAMINERS**

Office of the Secretary 2201 West Broad Street Suite 101 Richmond, Virginia 23220-2022 804-367-0412

Processor:

## AMENDMENT/UPDATE TO MY APPLICATION AND/OR CHARACTER & FITNESS FORMS

APPLICANT NAME:		
LAST 4 OF SSN:	N	ICBE NUMBER:
continuing duty to report immediately a	iny change to my personal, edu	as a member of the Virginia State Bar, I have a cational or professional status, including omitted Application or Character & Fitness
I hereby swear or affirm that true, and amends and/or updates my		the following page(s) is complete and er(s).
		Signature of Applicant
Commonwealth/State/District of		
I, a Notary Public of such County/City,	certify that on this day personal	lly appeared before me
who thereupon made oath that all state	ements contained in this applica	
Given under my hand this	day of	,
M		
		Notary Public
Registration Number (if applicable)		
NOTARY SEAL (must be affixed)		
Mail your signed and notarized ame	ndment to:	

Office of the Secretary Virginia Board of Bar Examiners 2201 W. Broad Street Suite 101 Richmond, VA 23220